

Medicare Supplement Policies

Company	Plan A	Plan B
Bankers Fidelity • 1-866-458-7500	\$2,616/year	\$3,775/year
Sterling Life • 1-800-688-0010	\$3,104/year	None
United American • 1-800-331-2512	\$2,774/year	\$3,443/year

Medicare Advantage - PFFS

Company	Monthly Rates
Humana Insurance Co. • 1-800-833-2312	\$0
United Healthcare Insurance • 1-800-622-7388	\$0
Secure Horizons Direct • 1-800-776-8876	\$0..\$25..\$85
Sterling Life Insurance Co. • 1-888-858-8572	\$38
Unicare Life & Health Insurance • 1-800-459-1732	\$0..\$13..\$29..\$39

Medicare Advantage - PPO

Company	Monthly Rates
Blue Cross & Blue Shield • 1-866-456-7731	\$30.22....\$70.80....\$84.02 \$124.60....\$137.92

Medicare Advantage - HMO & POS

Company	Monthly Rates
United Healthcare Insurance • 1-800-641-1998	\$0

Medicare Advantage - Special Needs Plans

Company	Monthly Rates
United Healthcare Insurance • 1-800-641-1998	\$15.55...\$29.02

CHIP

Company	Rates
Blue Cross & Blue Shield • 1-877-348-4304	Premiums vary

SHIIP

Nebraska Senior Health Insurance Information Program

NE Department of Insurance
941 "O" Street, Suite 400
Lincoln, NE 68508-3639

Phone: (800) 234-7119
TTY: (800) 833-7352



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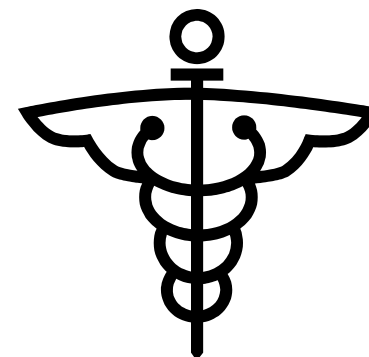
Medicare Supplement Policies

for people with

Medicare

due to a

Disability



**A price guide for
Nebraskans under age 65**

2006

Medicare Supplement Options for People Under Age 65 with a Disability

Employer/Group Insurance

Many beneficiaries with Medicare due to a disability continue to be eligible for coverage under an employer's group plan or the plan of a spouse. When individuals are entitled to both Medicare and coverage under an employer group plan, the group insurance may be the best option. Many group insurance plans include benefits that most Medicare supplement plans do not offer, including prescription drug coverage. It is important that beneficiaries weigh all options before dropping coverage through the employer group plan. Once group coverage is terminated under these conditions, the option to re-enroll is not available. If a person does become disabled and, as a result, loses an employer group health plan, the insurance company, in a few cases, may sell the beneficiary a Medicare Supplement policy. Ask the insurance company if that option is available.

COBRA coverage is an extension of an employer group plan, offered to employees who experience certain qualifying events - such as loss of employment.* An employee may be responsible for both the personal share and the employer's share of the premium. COBRA coverage is lost on the date a person becomes entitled to Medicare. If a person is entitled to Medicare before becoming eligible for COBRA, that COBRA coverage will still be available.

**Having COBRA coverage will not provide for a Medicare Special Enrollment Period – meaning that if a beneficiary chooses to delay enrollment in Medicare until after the seven-month Initial Enrollment Period, he/she will then only be able to enroll during the General Enrollment Period. General Enrollment runs from January through March of each year, with Medicare benefits effective July 1st. If a beneficiary elects COBRA coverage, and exhausts that entitlement completely, he/she would be eligible for a Guarantee Issue opportunity to buy a Medicare Supplement policy at that point.*

Medicare Supplement Policies

The companies that will sell a Medicare Supplement policy to beneficiaries under age 65 are listed on the back of this brochure. There is no Open Enrollment Period for Medicare beneficiaries under the age of 65, and these companies are not required to sell a policy to all beneficiaries who apply. Medical questions will be asked. To be eligible for a supplement plan, a beneficiary must be enrolled in Medicare Part A and Part B, and paying the Part B premium of \$88.50/month (in 2006). When a person on Medicare turns 65, he/she will have a six-month open enrollment period to purchase a Medicare supplement policy. The six-month Open Enrollment Period begins on the date that coverage under Part B begins at or after age 65. During open enrollment, any company selling Medicare Supplement policies in the State of Nebraska is required to accept all applicants, regardless of health.

Medicaid

Eligibility for Medicaid benefits is determined by monthly income and asset guidelines. Medicaid will pay medical expenses for eligible beneficiaries in-full or in-part. Contact your local Health and Human Services office for more information or to apply. To locate the nearest office, call 1-800-685-5456.

Medicare Advantage

Medicare Advantage (MA) plans provide the same benefits that are provided through the Original Medicare Plan, but may use different co-payment and deductible amounts, and may provide additional benefits. Some plans do not charge a monthly premium, but beneficiaries must continue to pay the Part B premium (\$88.50 in 2006), regardless of which plan they choose. MA plans are required to accept all Medicare beneficiaries. The only exception are those applicants with End-Stage Renal Disease. Private Fee-for-Service options (PFFS), Regional Preferred Provider Organization plans (PPO), Medicare Managed Care plans (HMO & POS), and Medicare Specialty Plans are all different types of MA plans. Medicare Specialty Plans are offered to beneficiaries with Medicare & Medicaid, as well as those in long-term care facilities. Some Medicare Advantage plans are only offered in select Nebraska counties. Beneficiaries should contact the company for details. Options and contact information for each company is listed on the back of this brochure.

CHIP

The Comprehensive Health Insurance Pool (CHIP) is a nonprofit program created by the Nebraska Legislature for the purpose of providing health care coverage to persons who have been denied reasonable health insurance due to health conditions or other factors. The CHIP plan does not pay benefits like a true Medicare Supplement policy, but does include a prescription drug benefit. Only persons on Medicare due to a disability are eligible for CHIP coverage. Contact information for CHIP is listed on this brochure.